

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail Stop ISSUE FEE**  
**Commissioner for Patents**  
**P.O. Box 1450**  
**Alexandria, Virginia 22313-1450**  
 or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

30031

7590

11/29/2006

MICHAEL W. HAAS, INTELLECTUAL PROPERTY COUNSEL  
 RESPIRONICS, INC.  
 1010 MURRY RIDGE LANE  
 MURRYSVILLE, PA 15668

Certificate of Mailing or Transmission  
 hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Michael W. Haas (Depositor's name)

(Signature)

January 24, 2007 (Date)

Express Mail Label No. EV 196264477 US

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10792,180

03/03/2004

James T. Russell

02-68

4931

TITLE OF INVENTION: OPTICAL SYSTEM FOR A GAS MEASUREMENT SYSTEM

01/25/2007 SFELEKE2 00000065 10792180

01 FC:1501  
02 FC:1504

1400.00 OP  
300.00 OP

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional

NO

\$1400

\$300

\$0

\$1700

02/28/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
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TANINGCO, MARCUS H

2884

250-343000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Michael W. Haas

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

RIC Investments, LLC

Wilmington, Delaware, USA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

☒ Issue Fee

☒ Publication Fee (No small entity discount permitted)

☐ Advance Order - # of Copies

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

☒ A check is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-0558 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

*Michael W. Haas*

Date January 24, 2007

Typed or printed name

Michael W. Haas

Registration No. 35,174

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

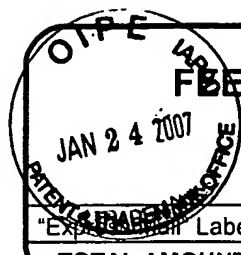


<b>Mail Stop Issue Fee</b> <b>TRANSMITTAL FORM</b> <i>(To be used for all correspondence after initial filing)</i>		Application Number	10/792,180
		Filing Date	March 3, 2004
		Confirmation Number	4931
		Inventor(s)	RUSSELL
		Group Art Unit	2884
Express Mail Label No.: EV 196264477 US		Examiner	Taningco, M.
Total Number of Pages in This Submission: 6		Attorney Docket No.	02-68 RCE

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <i>(submit in duplicate)</i>	<input type="checkbox"/> Assignment Papers	<input checked="" type="checkbox"/> Issue fee Transmittal Form PTOL-85(b) + (c) and Cover Sheet
<input checked="" type="checkbox"/> Fee Attached \$ 1,700.00	<input type="checkbox"/> Cover Sheet	<input type="checkbox"/> After Allowance Communication to Group
Check No.: 421402	<input type="checkbox"/> Drawing Change Authorization Request and Amended Figure(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Response	<input type="checkbox"/> Request for Return of PTO-1449 Forms	<input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i>
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to the Commissioner	<input type="checkbox"/> Request for Continued Examination (RCE)
<input type="checkbox"/> Affidavits / Declaration(s)	<input type="checkbox"/> To Convert a Provisional Application	<input type="checkbox"/> Status Request Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Address	<input type="checkbox"/> Small Entity Statement
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Terminal Disclaimer(s)	<input type="checkbox"/> Request for Refund
<input type="checkbox"/> Form PTO-1449	<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Response to Missing Parts / Incomplete Application
<input type="checkbox"/> Cited References	<input type="checkbox"/> Certificate of Mailing by Express Mail	<input checked="" type="checkbox"/> Return Receipt Postcard
<input type="checkbox"/> Search report		
<input type="checkbox"/> Drawing(s): Number of Pages _____ Number of Figs. _____ and cover sheet	<input type="checkbox"/> Other Enclosure(s): _____	
<input type="checkbox"/> Formal		
<input type="checkbox"/> Informal		

<b>Current Due Date: February 28, 2007</b>	
<b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b>	
Individual and Company	Michael W. Haas, Reg. No. 35,174 RESPIRONICS, Inc., 1010 Murry Ridge Lane, Murrysville PA, 15668
Signature	<i>Michael W. Haas</i>
Date	January 24, 2007

CERTIFICATE OF MAILING			
I hereby certify that this correspondence and all enclosures are being deposited with the United States Postal Service with sufficient postage as "Express Mail Post Office to Addressee" in an envelope addressed to: Mail Stop Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date: <u>January 24, 2007</u> , Express Mail Label No. <u>EV 196264477 US</u> .			
Typed Name	Michael W. Haas, Reg. No. 35,174		
Signature	<i>Michael W. Haas</i>	Date	January 24, 2007

**FEE TRANSMITTAL**

(Effective 12/08/2004)

"Examination" Label No. EV 196264477 US

**TOTAL AMOUNT OF PAYMENT** \$ 1,700.00

Application Number	10/792,180
Filing Date	March 3, 2004
First Named Inventor	RUSSELL
Confirmation Number	4931
Group Art Unit	2884
Examiner's Name	Taningco, M.
Attorney Docket No.	02-68 RCE

METHOD OF PAYMENT		FEE CALCULATION (continued)																																																																																																																																																																																																			
<b>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:</b> Deposit Account Number: <u>50-0558</u> Deposit Account Name: <u>Respironics, Inc.</u> <input type="checkbox"/> Charge any additional fee required under 37 C.F.R. §§ 1.16, 1.17 and 1.20 <input checked="" type="checkbox"/> Charge the Issue Fee set forth in 37 C.F.R. § 1.18		<b>3. APPLICATION SIZE FEE</b> If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 for each additional 50 sheets or fraction thereof. See 35 U.S. C. § 41(a)(1)(G) and 37 C.F.R. § 1.16(s). Total Sheets: _____ Extra Sheets: _____ Number of each additional 50 fraction thereof: _____ Fee(\$): _____ Fee Paid(\$): _____ _____ -100 = _____ /50 = _____ (round up to a whole number) X 250 = 0.00																																																																																																																																																																																																			
<b>2. <input checked="" type="checkbox"/> Payment Enclosed:</b> Check (Check No. <u>421402</u> )		<b>4. ADDITIONAL FEES</b>																																																																																																																																																																																																			
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<b>1. BASIC FILING, SEARCH, AND EXAM FEES</b> (Large Entity Only) <table><thead><tr><th>Appl. Type</th><th>Filing Fee(\$)</th><th>Search Fee(\$)</th><th>Exam Fee(\$)</th><th>Fees Paid</th></tr></thead><tbody><tr><td>Utility</td><td>300</td><td>500</td><td>200</td><td></td></tr><tr><td>Design</td><td>200</td><td>100</td><td>130</td><td></td></tr><tr><td>Plant</td><td>200</td><td>300</td><td>160</td><td></td></tr><tr><td>Reissue</td><td>300</td><td>500</td><td>600</td><td></td></tr><tr><td>Provisional</td><td>200</td><td>0</td><td>0</td><td></td></tr><tr><td colspan="4"><b>SUBTOTAL (1)</b></td><td><b>\$ 0.00</b></td></tr></tbody></table>		Appl. Type	Filing Fee(\$)	Search Fee(\$)	Exam Fee(\$)	Fees Paid	Utility	300	500	200		Design	200	100	130		Plant	200	300	160		Reissue	300	500	600		Provisional	200	0	0		<b>SUBTOTAL (1)</b>				<b>\$ 0.00</b>																																																																																																																																																																	
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Claims</td><td>___</td><td>___ x 200 =</td><td></td></tr><tr><td colspan="3">Multiple Dependent Claims add</td><td>360 =</td></tr></tbody></table> <p>* Enter Highest Number Previous Paid For</p> <table><thead><tr><th>Large Entity Fee (\$)</th><th>Small Entity Fee (\$)</th><th>Fee Description</th></tr></thead><tbody><tr><td>1202 50</td><td>2202 25</td><td>Claims in excess of 20</td></tr><tr><td>1201 200</td><td>2201 100</td><td>Independent claims in excess of 3</td></tr><tr><td>1203 360</td><td>2203 180</td><td>Multiple dependent claim</td></tr><tr><td>1204 200</td><td>2204 100</td><td>Reissue independent claims over original patent</td></tr><tr><td>1205 50</td><td>2205 25</td><td>Reissue claims in excess of 20 and over original patent</td></tr><tr><td colspan="3"><b>SUBTOTAL (2)</b></td><td><b>\$ 0.00</b></td></tr></tbody></table>		Total Claims	Extra Claims	Fee from Below	Fee Paid	___	___	___ x 50 =		Ind. 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SUBMITTED BY					
Typed or Printed Name	Michael W. Haas			Reg. Number	35,174
Signature		Date	January 24, 2007	Deposit Account Number	50-0558



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

PATENT APPLICATION of

Inventor : RUSSELL  
Appln. No. : 10/782,180  
Conf. No.: : 4931  
Filed: : March 3, 2004  
Title: : IMPROVED OPTICAL SYSTEM FOR A GAS  
MEASUREMENT SYSTEM  
Group Art Unit : 2884  
Examiner : Taningco, M.  
Docket No. : 02-68 RCE

\* \* \* \* \*

January 24, 2007

**PAYMENT OF ISSUE FEE**

Hon. Commissioner of Patents  
and Trademarks  
Washington, D.C. 20231

Sir:

Enclosed herewith are the following for filing in connection with the above-identified U.S. patent application:

- 1) A completed Issue Fee Transmittal Form - PTOL 85(b)(1 page);
- 2) Check No. 421402 in the amount of \$1,700.00;
- 3) Fee Transmittal Form (1 page, 2 copies); and

**CERTIFICATE OF MAILING UNDER 37 C.F.R. § 1.8(a)**

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being deposited with the United States Postal Service on January 24, 2007 with sufficient postage as "Express Mail Post Office to Addressee" in an envelope addressed to:

Mail Stop Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA, 22313-1450.

Express Mail Label No. EV 196264477 US.




Michael W. Haas, Reg. No. 35,174

RUSSELL -- Appln. No.: 10/792,180

4) Transmittal Form (1 page).

As noted in the Fee Transmittal Form submitted herewith, the Commissioner is hereby authorized to charge any additional fees due, or credit any overpayment to Deposit Account No. 50-0558.

Respectfully submitted,

By   
Michael W. Haas  
Reg. No.: 35,174  
Tel. No.: (724) 387-5026  
Fax No.: (724) 387-5021

RESPIRONICS, INC.  
1010 Murry Ridge Lane  
Murrysville PA, 15668